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every step forward has been a positive, constructive one. All the concerns expressed, all the dire predictions have not borne fruit. They have not borne a bitter fruit for this state. They have, in fact, been a positive change for the state of Nebraska, and I think that this bill will likewise be a positive change for the state of Nebraska. It will expand opportunities for treatment of glaucoma because optometrists are more ready available than ophthalmologists. They will have adequate training. These are skilled individuals. Now, a physician is capable of treating glaucoma, and it is true, they will have more knowledge generally about...about the systems of the body and interaction of different activities, but a lot of people will tell you when it comes to pharmaceuticals that they will rely on a pharmacist as much as a physician, that because of their expertise, their focus in that area. Now I don't know if that's true or not at all. I think a physician, obviously, has great knowledge, but a pharmacist has a specific focus, they have a specific knowledge. They are very skilled. Likewise, an optometrist is very focused, very trained, very skilled with matters dealing with the eye, and if you are talking about topical, we're not talking about oral anymore, topical applications to deal with glaucoma, I think the optometrists can do that and do that well. And I think, in fact, an optometrist can do as well or better than a physician, because of that focus, because of that singular vision that they have on that particular area. Now an ophthalmologist has got the same sort of priority in terms of treatment of the eye. They are a higher skilled individual and so I will acknowledge that. But the question is, the question is, will the public be protected, will it be well treated, and will they be safe? And the answer is, yes, I think that they will. This proposal, this amendment is not a compromise. It is an attempt to bring the optometrist in a sense under the ophthalmologist in a more direct fashion in some ways than they are now. It sets up a very strict statutory framework to deal with this particular malady, having to refer back, having to work through every plan with them, having to, basically, be an employee of the ophthalmologist in a sense. It is not a compromise. It is not a return to the middle. The compromise was the committee amendments. We took out elements that were of concern. We put higher standards in place than the original bill. That is the compromise. This is not a compromise. This amendment, if adopted, kills the bill and,